PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

NOV 3.0 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for requirements fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28062

7590

08/30/2005

BUCKLEY, MASCHOFF, TALWALKAR LLC **5 ELM STREET** NEW CANAAN, CT 06840

11/30/2005 AKELECH2 00000028 09845757

01 FC:1501

1400.00 NP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Edith Ma	rtin		(Depositor's name)
			(Signature)
November	28,	2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/845,757	04/30/2001	Brian Murren	345708001US	3455

TITLE OF INVENTION: METHOD AND SYSTEM FOR CUSTOMIZATION OF A PROGRAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$1400 \$6		\$1400	11/30/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
QUELER	, ADAM M	2178	3	715-501100	_	
CFR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	ation (or "Fee Address" Indictor more recent) attached. Us D RESIDENCE DATA TO Es an assignee is identified ben 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app T a substitute	nting on the patent front page, lumes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nared patent attorneys or agents. I name will be printed. T (print or type) Dear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO	a member a nes of up to f no name is 3	Ley, Maschoff valkar LLC document has been filed for
CORPORATI Please check the appropriat	e assignee category or catego	ries (will not be pr	inted on the I	· · · · · · · · · · · · · · · · · · ·	corporation or other private g	group entity Government
4a. The following fee(s) are	e enclosed:	4b	o. Payment of	` '		
Issue Fee			A check	in the amount of the fee(s) is e	nclosed.	
	small entity discount permitte		2 Payment	by credit card. Form PTO-203	8 is attached.	
Advance Order - # o	of Copies		ector is hereby authorized by count Number	charge the required fee(s), o	or credit any overpayment, to copy of this form).	
5. Change in Entity Status	(from status indicated above	:)				
a. Applicant claims S	SMALL ENTITY status. See	37 CFR 1.27.	D b. Applie	cant is no longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) vords of the United States Pate	ue Fee and Publicate vill not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the appli istered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature	noted	1		Date No	ovember 28, 2	2005
Typed or printed name	Nathaniel Lev	vin		Registration	No 34,860	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: MURREN et al.

Application No.: 09/845,757

Filed: April 30, 2001

Title: METHOD AND SYSTEM FOR

CUSTOMIZATION OF A PROGRAM

Attorney Docket No.: G03.032

Group Art Unit: 2178

Examiner: Queler, Adam M.

PTO Customer Number 28062

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Applicants hereby submit the following documents for the above-identified patent application:

- 1. Part B Fee Transmittal;
- 2. Credit Card Authorization Form for \$1400; and
- 3. Acknowledgment Postcard.

Respectfully submitted,

November 28, 2005

Date

Nathaniel Levin

Reg. No. 34,860

Buckley, Maschoff & Talwalkar LLC

Five Elm Street

New Canaan, CT 06840

(203) 972-3460

(203) 972-7627/fax